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ANNUAL PROGRESS REPORT

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ANNUAL PROGRESS REPORT

3rd

1956

Period

January 1st, 1956 - December 31st, 1956.

PREVENTION

Through

EDUCATION - TREATMENT AND REHABILITATION - RESEARCH

THE ALCOHOLISM FOUNDATION OF ALBERTA

9910 - 103rd Street
Edmonton.

737 - 13th Avenue, S.W.,
Calgary.

THE ALCOHOLISM FOUNDATION OF ALBERTA

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To Dr. J. Donovan Ross, President,
and Members of the Board of Directors,
The Alcoholism Foundation of Alberta,
Edmonton, Alberta.

It is my privilege to present the Third
Annual Progress Report for The Alcoholism
Foundation of Alberta.

This report reviews the activities for
the calendar year January 1, 1956 to Decem-
ber 31, 1956 and includes a financial review
of the fiscal year April 1, 1956 to March 31, 1957.

Respectfully submitted,
George Strachan
J. George Strachan,
Executive Director.

May 1, 1957.

269051

FORWORD

The Alcoholism Foundation of Alberta is relatively unique in that its origin and active support stems from the medical profession.

The College of Physicians and Surgeons of Alberta appointed a Committee on Alcoholism under the Chairmanship of Dr. J. Donovan Ross at the Annual Meeting held in September, 1950. After Dr. Ross had surveyed alcoholism programs in Canada and the United States the Committee recommended the establishment of a private Foundation. A Board of Directors was appointed and on September 27th, 1951, The Alcoholism Foundation of Alberta was incorporated under the Friendly Societies Act.

During the ensuing twenty months, the members of the Board undertook ceaseless public relations and educational activities on behalf of the forthcoming program. The interest of the Premier, the Honourable E. C. Manning, and his Cabinet was enlisted and government financial assistance was ensured.

Mr. J. George Strachan, formerly Director of the Milwaukee Information and Referral Centre on Alcoholism, was appointed Executive Director. The McDougall residence in Edmonton was purchased to serve as the provincial administrative centre and first clinic. The Edmonton Centre opened in July, 1953. In November, 1954, a second clinic was established in Calgary to serve the southern areas of the province.

The Foundation is a nonprofit, private agency, supported by provincial and municipal grants, membership donations from individuals, associations and companies. It adheres to a noncontroversial policy not allied to either the "wet" or "dry" movements. Services are available to any problem drinker requiring treatment, and to families, friends, employers, teachers, physicians, ministers and other individuals or groups who request assistance. There is no charge for information services, although an assessment fee of ten dollars is made for medical examination, counselling and group therapy services. This fee defrays a small part of the expense and is also considered to have therapeutic value. Medication, when necessary, is provided at cost. Welfare assistance may be extended under certain circumstances. The ability to pay the initial fee, medication charges, or need for welfare assistance is not a factor in accepting patients for treatment.

The Foundation co-operates with and actively supports the work of Alcoholics Anonymous, but is in no way affiliated with this movement, administratively or financially. Alcoholics Anonymous is recognized as the community's most effective resource in providing the support, fellowship and understanding necessary to continuing sobriety and recovery.

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INTRODUCTION TO EIGHT
FORWARD

THE FOUNDATION'S APPROACH TO ALCOHOLISM

1. The Foundation recognizes alcoholism as a treatable illness and as a public health problem of first magnitude, and therefore, a public responsibility.
2. The Foundation regards the alcoholic as a sick person who can be helped and who is well worth helping.
3. The Foundation's approach is professional and noncontroversial. It takes the side of neither the "wets" nor the "drys".
4. The Foundation is concerned with problem drinking and primarily with the illness, alcoholism.
5. The Foundation deals with the problems of alcohol only as they are related to problem drinking.
6. The Foundation's long range goal is the prevention of problem drinking and alcoholism through its four-point program: Education, Treatment, Rehabilitation and Research.

PRESIDENT'S MESSAGE

In this, my final year as President, I wish to review points of interest to all Foundation members.

It is most gratifying for me to report that our program is now well established and is internationally recognized. The comments which I heard about our organization and accomplishments, when participating in the recent conference of the North American Association of Alcoholism Programs, were strong evidence that our labours have been most productive. This attainment is the more remarkable when we realize that it has not been necessary to deviate significantly from our initial prospectus, nor to modify our original goals.

However, of even greater credit to our Board and Executive Committees, Executive Director, Staff and Membership is the record of progress made in early detection and treatment of alcoholism in our province. Our treatment program is reaching and assisting ever mounting numbers of persons from every area, occupational group and level of the community.

Through our extensive educational activities there is evidence of increasingly effective rapport with members of professions, churches, schools and industry. There can be no doubt that our objective of promoting a new awareness and understanding of alcoholism is becoming a reality.

It is not possible to estimate the savings where sobriety is effected, nor is it possible to assess the true impact of our preventive services. Certainly I can assure you that an excellent job is being done.

The Foundation has been viewed by some as a pilot project, so we have in effect, been on trial. I firmly believe that we have acquitted our responsibility beyond the most optimistic dreams. This job, accomplished in a remarkably short period of time, is a credit to the province and to all who have demonstrated their interest and support.

This remarkable progress has been accomplished through long hours of voluntary effort by the Board, Executive Committees and through the competent administration of the Executive Director. The truly creditable reputation and accomplishment of The Foundation could not have been attained without his dedicated efforts in the face of most challenging circumstances. I also wish to commend the Executive Director for assembling a staff of exceptional merit. Their loyal and conscientious endeavours have helped to establish a professional approach towards alcoholism throughout Alberta.

I recognize that much remains to be done. We are ever conscious of the difficulties encountered to date.

It has not been feasible to initiate the broad research program originally planned, although our internal assessments and reports have been of the highest order. As a result of methodical evaluation and departmental reorganization, I feel confident that we are now prepared to undertake research projects of significance in the field of alcoholism.

However, the future development of The Foundation is dependent upon our financial situation. Our program was deliberately, and I believe wisely, constituted as a private agency to permit maximum accomplishment in a very difficult area of service. This position inevitably entails problems of financing which must be resolved. The provincial grant is most gratefully acknowledged, but we must continue to seek outside contributions for a substantial portion of financial support. Reliance upon a variable and rather unpredictable source of operating revenue is a problem of major concern.

The resulting lack of financial stability renders long range planning impractical and limits the scope and intensity of our services. It is my sincere belief that there is a practical ceiling to those funds which may be anticipated through membership donations. Certainly it has been our experience that increasing resistance is being met in obtaining nongovernment aid since attention has been focused upon the exceptionally high provincial income from beverage alcohol sales.

We must give serious consideration to the demands that have been made for the expansion of services. The rapid development of our program is proof that The Foundation is meeting very essential needs. To satisfy the increasing number of requests for help it is necessary to plan for growth. How growth will take place must be defined in terms which point out both rate and direction. This responsibility carries a challenge, a message, and it holds out hope.

It is with sincere regret that I must relinquish the privilege of serving as Foundation President, but the pressure of public service, professional duty and family responsibility must be accepted.

I would like to pay sincere tribute to the many committees, employees, members and individuals to whom I am indebted for countless expressions of support, co-operation and kindness during my term of office. Although my participation in Foundation activity must be curtailed, nothing can reduce my interest in the furtherance of our work.

J. Donovan Ross, M.D., M.L.A.,
President.

EXECUTIVE DIRECTOR'S REPORT

It is my pleasure to submit the following review of activities of The Alcoholism Foundation of Alberta for the calendar year January 1st, 1956 to December 31st, 1956. A supplement to this report may be obtained on request by those who are interested in more detailed assessments and observations concerning trends and activities.

The broad picture of accomplishment and progress should be most gratifying to those who first saw the need for a private agency in this field. Our original prospectus had as a goal the prevention of alcoholism through awareness, knowledge and understanding. The increasing number of referrals for treatment, the requests for the establishment of information and clinical centres in Grande Prairie, Medicine Hat, Lethbridge, Red Deer and Wainwright, and the improved public attitude indicate that there is a growing awareness of alcoholism as an illness and a health problem.

The desire for knowledge to deal better with problem drinking situations is evidenced by the response there has been to our annual conferences, the requests for orientation courses and speakers from business and industry, welfare and social agencies, disciplinary groups, schools, service clubs and medical groups. Because of the understanding acquired through the direction and assistance of The Foundation, the community will eventually be able to cope with the early problem drinker in the incipient stage.

To date we have been in contact with about 2500 problem drinkers and our records show that the average of recovery trends for the patients who have received treatment is almost 50%. We can now begin to realize the total magnitude of the problem.

The recognition of alcoholism as a treatable illness is a trend reflected across Canada. There is an entire change of policy now being made by the armed forces in each of the branches. Problem drinking is no longer just a disciplinary issue. It is now a matter of record that the problem drinker should be offered help. The Federal Civil Service has just developed a most enlightened approach. An institutional program to inform all Federal Penitentiary personnel is underway. As Secretary of the Canadian Council of Alcoholism and a committee member of the North American Association of Alcoholism Programs, I can assure you that there is a tremendous amount of activity on a national and international scale. The Alcoholism Foundation of Alberta is playing an important part in all these new developments.

In spite of our many activities, we know that we are but scratching the surface. The work of our Foundation has been consolidated under the following departments: Administration, Treatment, Medical, Education and Research.

Although the provincial administrative centre is in Edmonton the Edmonton Centre and the Calgary Centre are now established to have equivalent treatment facilities. Resignations in the Calgary Centre necessitated the total reassessment of needs and reorganization of staff. This was done at nominal cost with minimal disturbance to the program. A special word of appreciation is extended to Mr. A. W. Fraser, Director of Treatment, who was transferred to Calgary on a temporary basis, in order to provide the clinic with administrative and senior counselling service. Mr. E. A. Bergeron and Miss E. M. Cuthbertson each gave freely of themselves in accepting temporary transfers to Calgary. The benefits of reorganization were demonstrated by an immediate upsurge in intake and in the quality of results being achieved. It is our hope that all personnel for Calgary will in the future be thoroughly trained and oriented in Edmonton. Mr. J. D. M. Bliss, having demonstrated his ability, was appointed Supervisor of Treatment for the Edmonton Centre.

As your Director, I would like to say that you may feel justly proud of the position achieved by treatment staff members. They have worked for, and gained, their own prestige in this specialized field of work. We are expending many dollars on all types of material acquisitions but our staff is still our most important asset and some thought should be given to finding and training future personnel.

Throughout the year staff members were encouraged and assisted to attend regional meetings of organizations within their sphere of professional interest. Miss C. McGuire was granted leave of absence to complete studies for a Bachelor of Arts Degree, honors psychology. Mr. W. E. Wilby attended the Yale University Summer School of Alcohol Studies through a generous donation received for this purpose. Fifteen staff members participated in our Third Annual Forum of Alcohol Studies held at Banff last April. The Toronto Conference of the North American Association of Alcoholism Programs was attended by the President, Dr. J. D. Ross, and by staff members Dr. David M. Bell, Mr. A. W. Fraser, Miss G. Brunton and your Executive Director.

A Group Retirement Plan for employees of The Foundation was instituted June 1st, 1956; and a Minigroup Life Insurance Group Plan was established October 1st, 1956.

As demands on treatment staff grew, it was necessary to screen and diagnose patients more effectively. Our progress evaluation standards have been revised to conform to rigid, well-defined terms. Individual counselling sessions were of necessity reduced and more emphasis was placed on group therapy. Each Centre carries on group work two evenings a week. The treatment of the one person who wants or needs help, and guidance of those close to the patient, has never been neglected.

There is a very close relationship between the number of patients who apply for help and the intensity of education services rendered at the public level. However, because we realize that our budget is limited, it is not feasible to expand activities. In the past year we have published a limited amount of literature, tabled the issuing of a Digest, postponed the regular radio series, and tabled many requests for workshops, seminars and orientation courses. This coming year the Forum of Alcohol Studies, scheduled to be held at Banff, will be cancelled. Representation at The Yale Summer School of Alcohol Studies will be eliminated. The publication of new literature will be minimized and outside programs will be curtailed.

It has been our wish to carefully screen all available literature, audio-visual aids and other materials, with the object in mind, as time and monies are available, to produce pertinent pieces of educational literature for distribution. If we are to continue to achieve preventive work, we must eventually expand our educational services at the public level.

The surveys which we wished to begin, having to do with actual research, have not been initiated. However, a great deal of time has been spent in carrying out projects which had to do with internal assessment and statistical procedure. Our reporting is now accurate within the limitations imposed by the dynamics of this work, and procedures are now clearly defined and meaningful. A major achievement was the completion of a change of classification and status of patient contacts. This internal reorganization is as important to The Foundation under our present structure, as other projects more strictly research orientated. This does not mean that we should set aside the need for research. The one constant plea, as voiced by Dr. E. M. Jellinek* and other leaders in this field, is that more be done so that we can help find a solution to the many problems that exist in the total area dealing with problems of alcohol and alcoholism.

We in Alberta have a unique opportunity of which we should make the maximum use. There exists an excellent relationship with the medical profession in all of our hospitals and with the staff of the University of Alberta. Many of the doctors in these groups have indicated their interest and willingness to co-operate and assist under our direction. The Medical Advisory Committee serves the needs of The Foundation in a most commendable way and a similar interest is being developed in Calgary. The work of the Subcommittee on Medical Treatment, made up of representative medical men from the hospitals and doctors throughout the province, is making it possible for the entire medical profession of our province to better understand

*Dr. E. M. Jellinek - Secretary General of the International Institute for Research on Problems of Alcohol.

and treat the illness. The Medical Department of The Foundation is gathering vital information and acquiring valuable experience in daily contact with patients. Medical research programming is an important part of our future planning. We need to assist in defining treatment routines, the early recognition of problem drinkers, the manner of approaching and of following through with individual patients.

REVIEW

At this time it seems desirable to re-examine our progress. Our original prospectus has continued to serve us well and much that we proposed is now well behind us and established. Some of the proposals have taken another form of functioning such as the establishment of an institutional rehabilitation program, the Belmont Rehabilitation Centre and a half-way house - the Belmont Hostel. These two units are now established under the Attorney General's Department. March 31, 1956 marked the completion of The Foundation's two years of active participation in the Belmont Rehabilitation Centre program. We are prepared to co-operate with the government in every possible manner to assure the growth of the project.

In terms of the original prospectus, we have achieved a more enlightened public attitude towards problem drinking through awareness, knowledge and understanding. However, the problems of alcohol and alcoholism are still complicated and bewildering. The Brief which we presented to the Legislative Committee studying the Alberta Liquor Control Act and all of the discussions regarding the use and abuse of alcohol aptly demonstrates the complicated thinking and the variation of approach in this whole field. The confusion is astounding in a problem as old as this one.

Much has been done and much remains to be done. Planned expansion into new areas has not been possible. It seems appropriate at this stage of development to review the portion of our prospectus that has to do with immediate, early future and long-range programming. Our prime concern for the future should be focused upon the many areas of recognized need which have not been met despite the growing demand.

Immediate Programming

1. In accordance with the resolution adopted by the Board of Directors and Executive Committee, we will continue to emphasize treatment for the problem drinker, and provide guidance for those close to him.

2. We will defer major educational service and use this next period to develop permanent staff, establish routine activity and assess materials for future programming.

3. Internal assessments will be intensified in order that we may present a comprehensive survey of our program with recommendations for future development.

4. Staff additions will be minimal despite the recognized need for growth and stability.

5. The Forum of Alcohol Studies, scheduled to be held at Banff, will be cancelled for this year.

6. Extended staff absences for university or Yale School of Alcohol Studies will be curtailed in order that undue counsellor pressures may be relieved.

Early Future Programming

Despite our efforts to concentrate service upon immediate needs, we must recognize and plan activity in areas such as:

1. The establishment of orientation courses for T.B., D.V.A., Mental and General Hospital staffs.

2. The establishment of advisory personnel to assist in the development of these institutional programs.

3. The extension of advisory and orientation services already initiated in the medical, correctional, ministerial, social work, educational and personnel fields.

4. The provision of area seminars to supplement our activity among these and other groups.

5. The initiation of basic research to further understanding of alcoholism, treatment and prevention through the practical application of factual knowledge.

It should be noted that this programming is the subject of wide demand from the agencies named. Considerable service has already been provided and the experience gained has adequately prepared us for really significant accomplishment.

Long Range Programming

1. The ultimate goal of our program must be accepted as the prevention of alcoholism, despite the ever present and apparently increasing need for treatment.

2. Consideration must be given to the establishment of additional information centres and clinics to service areas beyond Edmonton and Calgary.

3. Educational and Research Services must be extended and intensified as rapidly as knowledge, staff and facilities are available.

Budget Planning

It is, of course, impossible to consider programming without recognition of practical financing. Two factors are readily apparent to all who are concerned with the public welfare:

1. Alcoholism is an immensely costly illness in terms of social, economic and personal loss.

2. Totally disproportionate funds are expended for prevention, treatment and rehabilitation in terms of the profit derived from the manufacture, distribution and sale of beverage alcohol.

There is a growing awareness of the results and extent of the abuse of alcohol, and it is a demonstrated fact that there is increasing public resistance to voluntary donations to subsidize remedial measures.

The Foundation can and will operate within the limitations of our existing budget but the scope and effectiveness of the program is directly related to the ability to accept the responsibility of increased service.

It is readily apparent that careful consideration must be given to new methods of acquiring or assigning funds in a manner which will facilitate long range planning and accomplishment.

It is vital that we plan our program on the basis of assured income, but it is just as vital for us to continue and expand our total program.

APPRECIATION

It is most fitting that we recognize and pay tribute to the Honourable E. C. Manning, Premier of Alberta, and to the members of our provincial and civic governments for their co-operative and kindly consideration on our behalf.

The Alcoholism Foundation of Alberta wishes to extend its sincere appreciation for the financial support it has received in the form of donations, and membership contributions from individuals, companies and associations.

For the entire Foundation staff and myself, I would like to express our appreciation to the members of the Executive, the Board and to the total membership for the excellent co-operation received. The help extended to all of us in resolving matters of administrative and personnel policy has always been most thoughtful and considerate.

To Dr. Ross, as he retires from the Presidency, we offer our sincere and heartfelt thanks for the unselfish sharing of his time and energy. We like him because he helps to lead the way and we respect him for all that he is and stands for in the work of The Foundation.

CONCLUSION

In this report we have tried to furnish you with the practical facets of our work in The Foundation. Reports and statistics may reflect and define trends. I am proud to say that these indicate very definite progress.

However, we deal with people -- people whose lives have become very complicated through all of the ramifications of this illness, alcoholism. I wish it were possible to personally share with each of you the gratifying results of this work. Our files contain very personal tributes to the work which your efforts have made possible. As lives once again become meaningful they can once again be shared.

It is always a difficult thing to portray these recoveries in words. In trying to tell you about that which we do, I will simply say that the way in which we are offering help through the approach of The Foundation is a most rewarding achievement compared with that situation which once existed. We have come a long way. The growing number of "whole" people who are today free and happy can vouch for the worth of this work which you support.

J. George Strachan
Executive Director.

D E P A R T M E N T

R E P O R T S

REPORT ON TREATMENT ACTIVITIES

Allon W. Fraser
Director of Treatment

TOTAL PATIENT LOAD

Table 1 indicates the total number of problem drinkers for whom files have been opened by the combined Edmonton and Calgary Centres for the year 1956, and from inception to date.

TABLE 1: Total Patient Load	1956	Inception to date
Male	667 (91%)	2334 (93%)
Female	67 (9%)	182 (7%)
Total	734	2516

CLASSIFICATION

Problem drinkers are classified as enquiry, applicant or case, according to the following criteria:

Enquiry: Enquiry status is assigned to problem drinkers known to The Foundation as the result of contact with family, friends or employers by interview, telephone, correspondence or other non-patient contact.

Applicant: Applicant status is assigned to problem drinkers who have been interviewed by a member of treatment staff at The Foundation, or where the interview outside The Foundation is at the patient's request.

Case: Case status is assigned to problem drinkers after a minimum of three reasonably consecutive sober treatment interviews. All patients who have had five reasonably consecutive sober treatment interviews, and have further interviews scheduled, are assigned case status.

Further experience may necessitate some modification of definition and procedure, but it is probable that no basic change in recording or reporting will be implemented. Some variation may be observed between figures now reported and those previously released, since all statistics have been revised to conform with the recently established standard. A comprehensive summary of the annual statistical progression, with definitions and observations, has been prepared as a supplement to this brief progress report. This summary may be obtained on request.

DISTRIBUTION OF PATIENT LOAD

TABLE 2: Distribution of Patient Load (as of December 31, 1956).		1956	Inception to date
Enquiry Status		167	427
Applicant Status		335	1,236
Case Status		232	853
Total		734	2,516

PATIENTS TREATED DURING 1956

TABLE 3: Active Patient Load - 1956 Applicants and Cases	Edmonton	Calgary	Total
Active Patient Load from 1955	69	80	149
New Applicants and Cases	329	238	567
Reopened Applicants and Cases	95	57	152
Total	493	375	868

Of the 868 applicants and cases 123 were in active contact at the end of 1956 and will be carried forward into 1957.

COUNSELLING

Although demands upon counsellors continue to be excessive, there has been a noticeable improvement in the intensity and quality of case work services as a result of the more manageable intake.

There are two types of counselling - personal and group:

a. Personal: This type of interview includes meetings of the patients with the doctor, nurse and professionally trained counsellors. Individual interviews are also held with all those concerned - relatives, friends and employer - whenever the occasion demands it.

b. Group: Regular group conselling sessions are conducted for the patients throughout the year. During their initial period of treatment, patients are encouraged to attend the Initial Groups, a series of six meetings held two evenings a week for three weeks. They may then enroll in one of the Intermediate Groups, which meet once a week for a recommended minimum time of from 9 to 12 weeks.

Patients are encouraged to bring their wives or husbands to the Initial Groups and may, subject to a counsellor's approval, join in the Intermediate Group.

Patient response to group meetings, as indicated by their attendance and comments, has been favourable. In addition to the therapeutic benefit of group work, the Intermediate Groups have been effective in helping to maintain contact with more patients for a longer period of time. The Initial Groups are frequently used by ex-patients and A.A. members to introduce new patients to the clinic. A total of 368 group meetings were held in 1956.

TREATMENT SERVICES RENDERED

TABLE 4: Counsellor Activity Summary	1956	Inception to date
Interviews re Patients	6,306	22,001
Telephone Calls re Patients	5,404	17,648
Mail re Patients	1,681	5,229
Staff Consultations re Patients	916	1,903
Group Counselling Sessions	368	1,003
Staff Conferences	483	1,101

PROGRESS TRENDS

Criteria for Recovery Trends

The recovery trend of patients is confined to the progress of cases in the belief that the effectiveness of the program is best reflected by the reaction of those who have been exposed to a significant degree of treatment. The criteria for recovery include:

- a. Very Good Recovery: This category may be assigned following a minimum of twelve months continuous sobriety plus marked improvement in social, vocational and marital stability.
- b. Progressive Recovery: This category may be assigned following a minimum of six months continuous sobriety plus improvement in one or more other areas.
- c. Partial Recovery: This category may be assigned where drinking has been markedly reduced, and a sincere effort is being made to achieve further reduction in the amount and frequency of consumption providing there is apparent improvement in another area.

TABLE 5: Progress Trend of Cases. Edmonton and Calgary Centres combined to Dec. 31:56.

	N: - 853	% - 100
Very Good Recovery	99	11.6%
Progressive Recovery	104	12.2%
Partial Recovery	219	25.7%
Total: Recovery Indicated	422	49.5%
Unimproved	271	31.8%
Other Problems	64	7.5%
Total: No Recovery Indicated	335	39.3%
Unknown	13	1.5%
Active Cases	83	9.7%
Total: No Assessment Possible	96	11.2%

WELFARE POLICY

Prior to 1956, The Foundation followed a rather liberal policy in granting welfare assistance. Casual observation and surveys concerning patient's response in relation to this assistance indicated that a revision in policy was both practical and therapeutically desirable.

During the past year it has not been the practice to issue welfare assistance on the basis of the initial interview only, nor to those who had previously abused such aid. Counsellors now recommend welfare assistance in recognition of an apparent motivation for continuing treatment rather than to alleviate immediate distress. This does not mean that the unemployed or indigent alcoholic faces a further obstacle to treatment, for The Foundation has good liaison with the community resources specifically organized to deal with welfare needs. However, this policy has resulted in a marked decrease in the number of patients whose sole motivation was to secure material aid.

From the inception to December 31, 1956, a total of \$8,318. was extended for welfare assistance. However, only \$479.80 (5.8%) of this total was granted during the past year. \$3400.00 (41%) of the total amount extended has been recovered.

BELMONT REHABILITATION CENTRE

Two years of active participation by The Foundation in the Belmont treatment program was concluded March 31, 1956.

Although services of The Foundation remain available to Belmont releasees, the termination of counselling at the Centre has markedly influenced the statistical picture.

All inmates of the Belmont Centre were recorded as "Applicants" even if they failed to avail themselves of Foundation services on discharge, since counsellors had expended considerable time with them at Belmont in group or individual therapy. It may be reported that those patients who attained case status through postrelease treatment responded in a ratio closely approximating that attained by non-institutionalized alcoholics. However, those failing to seek therapy were in the majority.

PATIENT DATA

An exhaustive re-examination of all available patient records (applicants and cases) indicates the following patterns in personal data, background and source of referral.

TABLE 6: Patient Data		1956	Inception to date
Sex	Male	91.0%	92.8%
	Female	9.0%	7.2%
Mean Age	Male	39.4 yrs.	40.0 yrs.
	Female	38.1 yrs.	37.4 yrs.
Race	White	98.8%	96.4%
	Non-White	1.2%	3.6%
Religion	Protestant	71.8%	----
	Catholic	27.4%	----
	Other	0.7%	----
Marital Status	Single	16.8%	23.0%
	Married	60.3%	50.3%
	Separated or Divorced	22.9%	26.7%
Drinking History	Years Drinking	18.9 yrs.	17.8 yrs.
	Years a Problem	7.1 yrs.	6.8 yrs.
Employment Status	Employed	59.1%	46.3%
	Unemployed	40.9%	53.6%

TABLE 6: Patient Data

			1956	Inception to date
Occupational Classification	Executive	Present	18.2%	15.7%
	Professional Management	Regular	19.7%	16.5%
	High skilled	Present	22.4%	20.8%
		Regular	22.4%	21.4%
	Semi skilled	Present	16.6%	19.3%
		Regular	15.6%	21.9%
	Sales-clerical	Present	19.5%	17.2%
		Regular	21.0%	18.0%
	Agricultural	Present	3.6%	4.2%
		Regular	3.6%	4.3%
Source of Referral	General labour	Present	19.7%	22.8%
		Regular	17.7%	17.9%
	Alcoholics Anonymous		39.7%	37.8%
	Publicity		12.8%	11.9%
	Personnel		6.7%	2.9%
	Medical		9.4%	10.3%
	Clergy		2.2%	2.5%
	Legal		1.1%	1.9%
	Agency		3.2%	3.0%
	Dept. of Veterans Affairs		1.3%	1.0%
	Penal		1.6%	16.4%
	Friend		14.4%	8.4%
	Other		7.6%	3.9%

REPORT ON MEDICAL ACTIVITIES

David M. Bell, M.D.
Medical Director.

Though members of the medical department do not always play a continuing counselling role, the physician and the nurse do have a most vital part in the treatment of the problem drinker. Much is being written about the approach to the alcoholic patient. We are learning to recognize and treat the alcoholic as a sick person who is suffering from a most complex illness. Through the co-operation of our Medical Advisory Committee and our Medical Subcommittee on Treatment, we are playing an important role in imparting information to the medical profession throughout Alberta.

In addition to the basic activity reflected by Table No. 7, it has been possible to establish an increasing body of knowledge and experience. Time and facilities have not permitted extensive controlled investigations. However, surveys have been made on the relative merits of several medications. Several experimental drugs have been received for clinical trial and evaluation is being attempted. Serum protein patterns in alcoholics have been studied. Systematic observation of certain factors in treatment approach and patient response have been undertaken. The results of these enquiries are inconclusive from the research viewpoint, but the experience so gained will contribute to our future approach in this area.

The reference library is assuming significant proportions with the addition of several new medical text books and an increasing variety of papers from medical and allied literature. A noticeable increase in requests for literature, orientation lectures, and advisory services was noted following the Medical and Industrial Forum.

New arrangements for psychiatric consultant services were completed to provide a similar type service in both Calgary and Edmonton. Our consulting psychiatrists, Dr. G. Donald Carson of Edmonton and Dr. F. W. Hanley, of Calgary, provide in-service training to the Treatment Staff as well as diagnosing presenting symptoms of patients. Dr. Carson and Dr. Hanley have been most generous with the time they have given to The Foundation and have contributed a great deal to the treatment program.

Progress has been evident in many areas throughout the year. This is a specialist field and each year allows for more experience and knowledge. There is still room for much learning and it is hoped that 1957 will permit further achievement.

MEDICAL STATISTICS

Table 7 indicates the total medical activities of the combined Edmonton and Calgary Centres for the years 1955 and 1956. Inception to December 31, 1956 totals are not possible due to changes in early medical recording procedures.

TABLE 7: Medical Activities	1955	1956
Number of Individual Patients seen	599	600
Number of Patient/Doctor Interviews	674	508
Number of Patient/Nurse Interviews	1,247	1,362
Number of Physical Examinations by Doctor	341	248
Number of Patient Laboratory Examinations	349	249
Number of Separate Issues of Medications	1,706	1,556
Number of Patients Hospitalized for Alcoholism	35	21
Number of Consultations with other Physicians	21	42
Number of Patient/Psychiatrist Interviews	43	67
Number of Staff/Psychiatrist Consultations re Patients	71	125

REPORT ON EDUCATIONAL ACTIVITIES

H. P. Lewis
Director of Educational Services

Organizing educational services under a department head made it necessary to assess existing facilities. In view of the need for allocating funds for expanding demands on treatment services, the Educational Services department has been operating on a minimal basis. Every effort has been made to have the department function efficiently.

Table No. 8 lists the general services of the department. In addition to this, community, information and advisory services were provided.

A Medical and Industrial Forum on Alcohol Studies was held at Banff, April 2nd through April 5th. The lectures covered primarily the special problems of medical and industrial personnel who encounter problem drinking and alcoholism. There were 127 delegates.

As an outgrowth of the Forum, an Industrial Workshop consisting of a select group of interested personnel was inaugurated. Objectives were developed for use in experimental programs for individual firms.

The Foundation acted in an advisory capacity to the Guidance Branch, Department of Education, to revise the sections dealing with alcohol education in the Grades 1X and X Health and Personal Development courses. As well, the section entitled "Resource Material in Alcohol Education", in the Teacher's Resource Book for the Health and Personal Development courses, contains information provided by The Foundation. The Guidance Branch was provided with 700 copies of "The Physiology of Alcohol", and "The Thirteen Steps", for distribution in Grade 1X and X classrooms throughout the province.

Many of the hospitals in Edmonton and Calgary used our facilities for orientation talks to student nurses. A panel made up of staff members took part in the program of the Annual Convention of Alberta Public and Occupational Health Nurses held at Calgary.

A radio series of eleven programs under the general title "Anyone You Know" was aired as a public service feature by six radio stations throughout the province. Regular press releases were sent to the major newspapers. The Foundation provided the Canadian Social Workers Conference and the Merger Labor Conference with display boards and packets of literature for distribution.

To enable key personnel in business and industry to appreciate the extent of problem drinking in their firms and to encourage them to enlist the services of The Foundation, an industrial pamphlet, "Problem Drinking and Alberta Industry" was prepared. Annual quarterly and special reports were compiled, edited and distributed as required.

Attention was also given to audio-visual aids. The film script "Alcoholism" by Stanley Jackson, was forwarded to The Foundation for review and assessment. This film is being produced by the National Film Board in conjunction with the Department of National Health and Welfare. The federal authorities are relying on the provincial Foundations for technical advice.

Films pertinent to alcoholism were reviewed by members of Treatment and Educational Services Departments. Among these were: 'Domino', released by the North Carolina Rehabilitation Centre, 'One Day at a Time', released by DuPont of Canada Ltd., and 'Alcoholism: The Revolving Door', released by Smith, Kline and French.

Although facilities did not permit the publication of further new material, preliminary work was done on three publications for the educational program: Program Brochure, a Treatment Guide and a Public Relations pamphlet.

By various media, the educational program is designed to provide information concerning the various aspects of problem drinking to specialized professional groups and to the general public.

TABLE 8: Educational Activities	1956	Inception to date
Public Talks	89	280
Public Talks Attendance (estimated)	4,639	15,279
General Literature Distributed	28,281	130,076
Patient Literature Distributed	3,843	13,522
Special Notices, Bulletins and Circulars Distributed	7,257	47,756
Radio and Television Programs sponsored by The Foundation	67	186
Telephone Calls, Letters and Interviews concerning Educational Services (general)	2,548	5,005
Telephone Calls, Letters and Interviews concerning Educational Services (Conferences)	896	4,896

The number of public talks, attendance and literature distributed during the year by classification of recipients is worthy of notice.

GROUP	Number	Attendance	Literature
Church	22	724	3,386
Medicine	20	512	3,568
Alcoholics Anonymous	17	1,695	1,170
Service Clubs	14	1,123	4,277
Business	10	300	1,586
Education	1	90	308
Government	1	50	-
Miscellaneous	4	145	490

REPORT ON RESEARCH ACTIVITIES

W. E. Wilby
Research Associate

Growing demands and present responsibilities together with budget limitations have again retarded the development of a long planned research program. Considerable progress may be reported in terms of basic assessment and organization, but the variety of responsibilities has precluded the initiation of many projects scheduled for the year.

The early months of 1956 were devoted to an assessment of The Foundation's accomplishments and future role with regard to the Belmont Rehabilitation Centre. A highly detailed analysis of our participation was compiled.

The introduction of several new statistical recordings and reporting techniques required preliminary assessment and continuing supervision of interbranch co-ordination. Although further revision is anticipated in some departments, it is felt that a somewhat simpler and more meaningful procedure is being followed to the benefit of the entire program.

Considerable work was undertaken to compile and illustrate material used in conjunction with the Medical and Industrial Forum at Banff. A revised Treatment Report and an Appendix to the annual report was compiled. A Financial Review and Summary on Foundation Activities was prepared for discussion by a special Foundation committee with the Government. A brief was prepared and submitted to the Legislative Committee for its use in its study of the Alberta Liquor Control Act. In addition to these major activities, a number of minor assessments and reports were undertaken. The Foundation's welfare and medical assistance record was examined; the relationship between enquiry, applicant and case intake was studied, and seasonal intake variations were assessed in terms of available counselling staff and time.

Each of these diverse studies has contributed to total Foundation programming and to the compilation of a concise Policy and Procedure manual. However, there has been insufficient time, staff or funds to permit the completion of publication of reports which could be more aptly classified as true research.

THE ALCOHOLISM FOUNDATION OF ALBERTA

PERSONNEL

(March 31, 1957)

Name	Position	Location
BELL, David M.; M.D.	Medical Director	Edmonton
BELLWOOD, Ethel (Mrs. J.)	Treatment Records Clerk	Edmonton
BERGERON, Edward A.; Member C.A.S.W.	Counsellor	Edmonton
BLISS, J. Donald M.; M.S.W.	Supervisor of Treatment	Edmonton
CARSON, G. Donald; M.D.	Psychiatric Consultant	Edmonton
CUTHBERTSON, Effie (Miss)	Counsellor	Edmonton
EDMUND, Yvonne, (Miss)	Receptionist-Secretary	Calgary
FRASER, Allon W.; M.A.	Director of Treatment	Calgary
FULLERTON, John G.	Secretary-Treasurer	Edmonton
HANLEY, F. W.; M.D.	Psychiatric Consultant	Calgary
HOGGARTH, Mary (Miss); R.N.	Nurse	Calgary
HOWELL, Joan (Mrs. J.); Member C.A.S.W.	Counsellor	Edmonton
LEWIS, Hanna (Mrs. O.T.); B.A., B. Ed.	Educational Director	Edmonton
LOCKHART, Cleo (Miss)	Secretary-Stenographer	Edmonton
McGUIRE, Catherine (Miss); B.A.	Counsellor	Calgary
MICKELSON, Bryna (Miss)	Receptionist-Secretary	Edmonton
MULLOY, W. H.; M.D., C.M.	Physician	Calgary
PAGAN, Dorothy (Mrs. D.); R.N.	Nurse	Edmonton
SIMS, Lillian (Mrs. V.L.)	Secretary	Edmonton
SMART, Hugh	Counsellor	Calgary
STEPHENSON, Gordon; B.A.	Counsellor	Calgary
STITH, Doreen (Miss)	Secretary to the Director	Edmonton
STRACHAN, J. George	Executive Director	Edmonton
WILBY, W. Ernest; M.A.	Research Associate	Edmonton

FINANCIAL REVIEW

In 1956 an operating budget of \$132,836.00 was proposed and the Board directed that 25% of the accrued deficit in the amount of \$4,301.00 be added, making a total budget of \$137,137.00. This budget was based on the renewal of all provincial and municipal grants, several large donations and 75% of general membership donations previously received. It also required that we raise approximately \$9,000.00 in new donations. Unfortunately this goal was not reached in its entirety, because of illness and absence on business of members of the Finance Committee.

However, the constant assistance and co-operation of the members of the Finance Committee and Executive in working toward this goal was most commendable. A picture of the work that was done can be given by simply saying that we received the anticipated renewal amount and did not receive the anticipated amount from large and new donations.

In line with the policy established we did not make a general appeal for funds. Individual requests were made, particularly to business and industry, soliciting support on a reciprocal basis for the services to The Foundation. In many instances the response to such requests has been accompanied by messages of commendation for our work.

There is a saturation point to this type of solicitation. It requires a high degree of personal contact and takes much more time and effort on the part of Board Members than they should be required to give in view of their own positions and busy programs. There is the recurring criticism, even from those who support us substantially, that in view of the large profits derived from the sale of alcoholic beverages, (provincially and federally), that some consideration and effort should be given to obtaining specific support from these sources. The public feels very strongly about this.

A special committee, appointed in December, 1956, by the Board of Directors to approach the government with regard to the work of The Foundation and our budget problems, was most kindly received by The Honourable E. C. Manning and his cabinet. They have assisted us further by allocating an additional \$17,000.00 for the 1957-58 grant to offset the accrued cash deficit of \$17,204.56.

Operations for the 1956-57 fiscal year were reviewed regularly. Due to the unplanned expenditure of \$4,963.41 to reorganize the Calgary Centre, some proposed educational activities were tabled in order to meet the demand for treatment services. The net cash deficit for the year was \$2,043.36.

However, the balance sheet indicates current assets in the amount of \$9,139.20 and a capital surplus of \$44,423.50, including such items as furniture and fixtures.

In view of the difficulties we have had in raising the funds required, your Executive Director deems it advisable to point out the soundness of the financial structure of The Foundation. However, this should not give rise to a tendency to minimize our efforts towards raising necessary funds to balance the operating cash budget.

In reviewing the proposed 1957-58 budget, I believe it is mandatory that the problem of raising funds, the demands for expansion, and the needs of the current operating budget, be very realistically reviewed. Therefore, in line with the resolutions passed by the Executive and the Board of Directors in the preparation of the 1957-58 budget, several proposed educational projects will be tabled, and additional staff will not be added. These aspects will only be considered when additional funds are available. The operating budget will be reviewed quarterly by the Executive and Business Committee. The members of the Finance Committee have agreed to make every effort to raise the necessary funds earlier in the year rather than in the last quarter. Since the government has assisted us to wipe out our accrued cash deficit, we plan (based on the proposed operating figure) to achieve a balanced budget.

THE ALCOHOLISM FOUNDATION OF ALBERTA

Balance Sheet as at March 31, 1957

ASSETS

CURRENT

Accounts Receivable	8,116.34
Prepaid Expenses	<u>1,022.86</u>
	9,139.20
Investment donated. Nominal Value (100 shares - Par Value 16-2/3¢ each)	1.00

FIXED

Furniture & Fixtures	28,886.75
Land and Building (Applied out of Appropriation)	<u>27,428.25</u>
	<u>56,315.00</u>
<hr/>	
	\$ 65,455.20
<hr/>	

LIABILITIES

CURRENT

Bank, less Cash on hand	17,976.86
Accounts Payable	204.79
Due on Garage Building (Payable \$100.00 annually)	<u>600.00</u>
	804.79
Employees Annuity Reserve	<u>2,250.05</u>
	21,031.70
Surplus as at March 31, 1956	46,466.86
Deficit for Year ended March 31, 1957 (See Exhibit "B")	<u>2,043.36</u>
	<u>44,423.50</u>
	\$ 65,455.20
<hr/>	

THE ALCOHOLISM FOUNDATION OF ALBERTA

Statement of Receipts and Disbursements
Fiscal Year Ending March 31, 1957.

RECEIPTS

Alberta Government Grant	100,000.00
Donations and other grants	27,383.10
Bursary Scholarships	1,000.00
Registrations and Literature	549.47
Welfare and Treatment Recovered	<u>2,534.75</u>
	131,467.32

DISBURSEMENTS

Research and Education	26,904.19
Treatment & Rehabilitation	68,453.90
General Administration	<u>38,152.59</u>
Deficit for Year Ending March 31, 1957 (See Exhibit "A")	\$ 2,043.36
	<u> </u>

We have audited the books of The Alcoholism Foundation of Alberta for the year ending 31st March, 1957 and hereby certify that the Balance Sheet herewith together with the accompanying revenue accounts and schedules correctly set forth the position of The Alcoholism Foundation of Alberta as at 31st March, 1957, and the transactions of The Foundation for the year ended 31st March, 1957 according to the best of our information and explanations given to us, and as shown by the books of The Foundation.

McCannel Gee & Quinn
McCannel, Gee and Quinn,
Chartered Accountants.

Edmonton,
May 6th, 1957.

HV 5303 A3 A3 3RD 1956
ALCOHOLISM FOUNDATION OF ALBERTA
ANNUAL PROGRESS REPORT/

SERIAL M1 40815808 HSS



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IN MEMORIAM

A. W. Herrell: Counsellor at the
Calgary Centre
February 14, 1956

R. P. Malone: Edmonton,
Member of the
Board of Directors
November 7, 1956.

Date Due

FEB 7 '68

MAR 4 '69

AUG 12 RETURN

Due Ruth APR 05 '87

MAR 28 RETURN

Alcoholism Foundation
of Alberta. **269051**

3rd, 1956

A15806